

Offshore  
Giant 75.100

Work Order ID 112631

\*112631\*

Page 1

Item ID: D206-781-061

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Baggage Compartment Protector -Floor And Wall

Start Date: 2/03/14 Start Qty: 2.00 \*2\*

Cust Item ID:

Required Date: 2/17/14 Req'd Qty: 2.00 \*2\*

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 14-02-03 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
DS19649	A
IIN-D407-781	D

100

\*100\*

DC

Document Control

Memo

Photocopy bluefile & type labels per PPP D206-781-061  
CHG002

0.00

0.00

DAS  
31  
9-89

14-02-04

2

MLJ 14-02-04

2

110

\*110\*

Packaging

Packaging

Pick Kit

Memo

0.00

0.00

2

14-2-4

DAS  
6  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 112631

\*112631\*

Page 2

February-03-14 9:51:00 AM

Item ID: D206-781-061

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Baggage Compartment Protector -Floor And Wall

Start Date: 2/03/14

Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 2/17/14

Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC4- 100% Inspect kits for completeness

0.00

\*120\*

QC

Memo

0.00

Quality Control

DAS  
31  
9-55

14-02-04

(2)

130

0.00

\*130\*

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D206-781-061

Location:

PPP rev:

off

(2)

14-2-21

DAS  
6  
9-89

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Memo

0.00

Quality Control

MCJ 14-02-04

MF  
14-2-4

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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February-03-14 9:51:06 AM

1

**\*112631\***

**\*D206-781-061\***

**Required Qty: 2.00**

IPP REV:B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D206-781-031		Manufactured	No			110	Each	0.0000	1	2			DAS
<div> <div>*D206-781-031*</div> <div>DAS 31 9-89</div> </div> <div> <div>**</div> <div>112633</div> </div> <div>DAS 6 9-89</div>													
Baggage Compartment Protector Floor													
D206-781-041		Manufactured	No			110	Each	2.0000	1	2			DAS
<div> <div>*D206-781-041*</div> <div>DAS 31 9-89</div> </div> <div> <div>**</div> <div>142-4</div> </div> <div>DAS 6 9-89</div>													
Baggage Compartment Protector Wall													
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				FG040		2							
				103209		1							
				108740		1							

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D407-781-2 REV. A OR LATER APPROVED REVISION  
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D407-781 REV. 3 OR LATER REVISION

REF. TCCA STC: SH08-60  
REF. FAA STC: SR002726NY  
REF. EASA.IM.R.S.01541

## 1.0 PURPOSE

In some aircraft, the top portion of the D206-781-041 Baggage Compartment Wall Protector Kit cannot be installed as indicated in IIN-D407-781-2. The purpose of this DSI is to provide an alternate mounting method to fasten the top portion of the D206-781-041 Baggage Compartment Wall Protector Kit.

## 2.0 INSTALLATION

It is acceptable to replace qty(2) D3930-1 Clips with qty(2) 80-004-2-6 Inserts. Locate and mark location of the two attachment holes on the baggage compartment wall as shown in Figure 1 of this service instruction. Install 80-004-2-6 Inserts at the marked locations in accordance with Section 3-2-12 of BHT-206-SRM-1. It is acceptable to trim the wall protectors to accommodate optional equipment or transfer attachment holes to the wall protector and install the optional equipment on top of the wall protector with longer fasteners.

## 3.0 PARTS LIST

Amend the D206-781-041 Baggage Compartment Wall Protector Kit parts list as follows:

5.1 / 25.48.1 (ref. IIN-D407-781-2 Rev. A / ICA-D407-781 Rev. 3 or earlier)

ADD:






Qty -061	Qty -031	Qty -041	Part Number	Description
X			D206-781-061	BAGGAGE COMPARTMENT PROTECTOR KIT (FLOOR AND WALL)
1	X		D206-781-031	BAGGAGE COMPARTMENT FLOOR PROTECTOR KIT
1		X	D206-781-041	BAGGAGE COMPARTMENT WALL PROTECTOR KIT
		2	AN525-10R7	SCREW
		2	80-004-2-6	INSERT

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

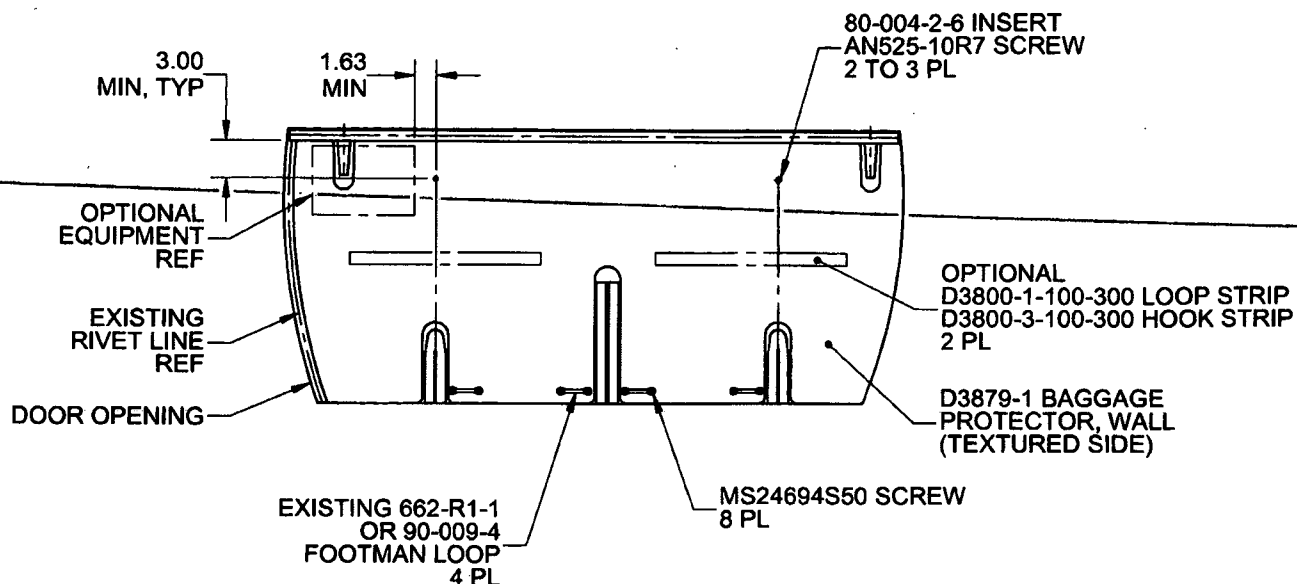
APPROVED

BY:   
D. SHEPHERD (DE # 02)

DATE: 13.04.12  
CERT. NO.: SH08-60  
ISSUE NO.: 1

A	NEW ISSUE		13.04.08
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.	N/A		
APPROVED			
DE APPR.			
DATE	13.04.08		
DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		REV. A SHEET 1 OF 2	
DRAWING NO. DSI 9649		SCALE NTS	
TITLE ALTERNATE INSTALL			
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112631 M05  
1402-03



**FIGURE 1 - D3879-1 BAGGAGE COMPARTMENT WALL  
PROTECTOR - ALTERNATE INSTALLATION**

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY: *[Signature]*  
D. SHEPHERD (DE # 02)

DATE: 13.04.12  
CERT. NO.: SH08-60  
ISSUE NO.: 1

DESIGN	<i>[Signature]</i>	<b>DART AEROSPACE LTD</b>	
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. A
MFG. APPR.	N/A	DSI 9649	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	ALTERNATE INSTALL	NTS
DATE	13.04.08	COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	